

# The AMA Convention

## A Report on Activities by the CMA Delegation

WHAT DOES THE American Medical Association House of Delegates really accomplish? What are the issues and how are they resolved? And just what results does the California Medical Association delegation to the AMA achieve?

Before reporting on the actions at the June 20-24 meeting of the AMA House of Delegates, let's look at the way the membership's interests become CMA-AMA policy.

For each 1,000 AMA-member physicians, CMA elects one delegate to the AMA House of Delegates, which meets twice a year. CMA now has 25 delegates, making up about 10 percent of the 246-member House. However, the strength and influence of the CMA delegation far exceeds its numerical proportion. It is said that "when the surf's up in California, the rest of the profession feels the waves."

It is noteworthy that 22 of the 98 resolutions considered by the AMA House were introduced by CMA's delegation and the batting average on them was high: eight CMA resolutions were adopted without change; four were adopted after minor amendment; four formed the basis of substitute resolutions; five were accepted for further study and disposition; and one was withdrawn because its intent was already being carried out. None of the 22 were rejected. Almost half the resolutions introduced by the CMA delegation were initiated by county medical society delegates at last March's session of CMA's own House of Delegates. This success rate demonstrates that the profession in California has a big say-so in AMA policies and actions. The CMA delegation also successfully promoted the candidacy of CMA Past-President Ralph C. Teall for the office of AMA vice president.

Anticipating success of this kind was an article in the June 18 issue of *Medical World News* which

was based on a questionnaire that had been sent to all the 246 AMA delegates. "The California delegation," the writer of the article reported, "boasts an astonishing number of leading speakers, according to the questionnaire respondents."

The story behind that statement is the hard work of the delegation elected to represent the profession in California. And here's how they do it.

After jointly discussing issues and resolutions with the CMA Council, CMA's 25 delegates, 25 alternate delegates, and officers go to the AMA convention. There the 50-plus physicians caucus for two hours over breakfast every morning, and delegation committees meet during lunch and dinner breaks. In between they cover reference committee hearings, push California resolutions, study reports and candidates for AMA office, consider every item of House business. And on the floor of the House, the delegation is articulate in pushing issues for action *now*, averting the delaying "refer, defer and table" route.

Here's a capsule report on accomplishments. Adopted as AMA policy were California resolutions:

- Stating that access to medical care is the right of every citizen, but that the citizen has the responsibility to seek it. The resolution also declared it the right of every physician to choose whom he will serve "and the conditions under which he will render this service."
- Calling for legislation "to remove legal and administrative obstacles to the distribution of birth control information, medication and devices by providers of medical care" and directing AMA to "conduct an effective scientific public education program on birth control information for family planning."
- Encouraging state and county medical soci-

eties to establish active liaison with their local school systems to provide educational lectures on health.

- Directing that an ad hoc committee develop opinion polls of AMA member attitudes on critical issues.

Other California resolutions that passed urged cooperation of medical societies with the American Hospital Association by providing information that would help in review of a hospital's application for AHA membership, when appropriate; federal hospital utilization review; assistance to diploma nursing schools; and expansion of medical emergency radio frequencies. Among California resolutions adopted after amendment were those concerning JCAH liaison with state associations, HMO study, SAMA's Medical Education and Community Orientation project, and cigarette advertising.

AMA's House also:

- Called for an all-out attack on drug abuse and venereal disease.

- Voted to continue its informational programs on national compulsory health insurance.

- Declared it in the public interest to preserve the physician's right to use and direct allied health workers.

- Received a report clearing the way for American-born foreign medical graduates to participate in approved U.S. internship programs without satisfying the foreign schools' internship and social service requirements.

- Adopted position-policy papers on "due process" in professional conduct review procedures; evaluation of the primary physician's assistant; perinatal intensive care; physician manpower and medical education; educational programs for med-

ical assistants; liaison with house staff; professional liability; AMA long-range planning and development; and teenage pregnancy.

- Heard AMA's new president, Dr. Wesley W. Hall, call for a constitutional convention "to streamline our governing process to suit the needs and pace of the 20th-century physician and the people." The delegates deferred action on this proposal until AMA's Clinical Convention next November.

At the House's opening session, your CMA's Audio-Digest Foundation was commended for contributing more than half a million dollars since 1956 for loans to medical students and for financial support to California's medical schools.

To sum up: the record of accomplishment of the CMA delegation clearly demonstrates the effective way in which California physicians' interests are represented in the AMA. The delegates and alternates from California in my estimation have clearly demonstrated their dedication to the best interests of their profession and their patients. At no time did they hesitate to act wisely and unselfishly for these interests. In so doing they have honored themselves, their state medical association and American medicine. I would like to take this opportunity to thank all members of our contingent—delegates and alternates—for this dedication and hard work.

It also seems evident that CMA's influence will be enhanced next year, when our delegation will surely be the largest at AMA, since the New York Medical Association will undoubtedly lose between five and ten delegates because of its membership drop.

SAMUEL R. SHERMAN, M.D.  
*Chairman, CMA Delegation to AMA*

### COOL PANTS OR EVEN NONE AT ALL

"I find a great many of my patients wearing the nylon and orlon panties with very tight panty girdles, and sometimes the pants will gather up in the middle of the introitus and create irritation to the labia minora and majora. I think that in patients who have any type of sebaceous cysts or vulvovaginitis the use of cotton panties is excellent. I particularly tell these patients that when they are at home and just doing their housework, it is best for them to go around without any pants at all to get as much aeration as possible."

—ABE MICKAL, M.D., New Orleans  
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